

County of Tulare

221 S. MOONEY BLVD., RM. 206
VISALIA, CA 93291-4593
PHONE: (559) 713-2750
FAX: (559) 730-2626



CHIEF PROBATION OFFICER
CHRISTIE MYER

PROBATION DEPARTMENT

Dear Applicant:

After submitting your application with the Tulare County Human Resource Department, it will be reviewed for eligibility ensuring you meet the minimum qualifications for the position applied for. If approved, and after a sufficient number of applications have been submitted, a written exam will be scheduled.

Once you have taken the written exam, you will be ranked based on the score achieved on the test. Those who rank at or above the cut-off will be placed in a pool of applicants and called upon when needed to interview with the department. This pool of applicants will be called upon, by ranking, to participate in an oral panel interview.

- ◆ Please arrive 15 minutes prior to your scheduled Interview.
- ◆ Please dress in appropriate business attire for the interview.

You must review and sign copies of the following documents and submit them at the time of your interview:

- ◆ A *Probation Department Authorization to Release Form* which must be notarized and signed prior to your interview.
- ◆ The *Advisement to Applicants*.
- ◆ The *Informed Consent Release and Hold Harmless for Confidentiality of Pre-Employment Background Investigation Data* form.
- ◆ The *Credit Advisement* form.
- ◆ A *Personal History Statement*.

(Documents are located on our website, <http://tularecounty.ca.gov/probation>. Follow the link "Probation Careers," located on the left side of the Homepage, then the "Forms" link located in the middle of the page. From the "Forms" page, print the packet of documents for the position to which you applied.)

PLEASE BE SURE THAT YOU READ THE INSTRUCTIONS ON THE PERSONAL HISTORY STATEMENT PRIOR TO COMPLETION.

- ◆ All sections must be fully completed.
- ◆ Remember to submit complete addresses and zip codes, and double check the information.
- ◆ It is advised after completion, you make a copy of your Personal History Statement for yourself.

If you successfully pass the Oral Interview, a Background Investigator will contact you to complete a Background Investigation. Once the Background Investigation has begun, originals and copies of the following applicable items are required and are considered part of your Personal History Statement:

County issued Birth Certificate
High School Diploma or equivalent
Professional Training Certificates
College Degree
Sealed Official College Transcripts
Proof of Automobile Insurance (In your name)

Marriage Certificate
Dissolution of Marriage
Selective Service Number
DD-214-Military Discharge
Driver's License

When making copies, please copy each item individually on separate sheets of paper. The copies will not be returned.

THIS IS NOT AN OFFER OF EMPLOYMENT

TULARE COUNTY PROBATION DEPARTMENT APPLICANT PROCESSING PROCEDURE

This *is not* an offer of employment and is intended only to inform you of the steps to be taken in determining that you are otherwise qualified for the position of Probation Correctional Officer. **DO NOT GIVE NOTICE, QUIT YOUR PRESENT JOB, OR RELOCATE.** The hiring process will include:

1. A thorough background investigation conducted according to guidelines established to comply with the provisions set forth in California Government Code sections 1029 and 1031, and in accordance with the guidelines of the Commission on Peace Officer Standards and Training. The investigation may include a blood or urine examination to determine current and/or recent use of illegal substances.

Any significant discrepancies in the information contained in the Personnel History Questionnaire and/or information supplied by you to the background investigator and/or current or recent use of illegal substances or abuse of legal substances may be the basis for removing your name from the eligibility list.

2. If you successfully complete the background investigation you will be placed in a pool of qualified applicants for future hire as vacancies occur. When a vacancy does occur and you have been determined to be the best-qualified candidates a "Conditional Offer of Employment" will be made contingent, upon your successfully completing:
 - a. A psychological screening to determine job suitability conducted and interpreted by a licensed psychologist as set forth in California Government Code section 1031(f) and guidelines established by the Commission on Peace Officer Standards and Training.
 - b. A comprehensive medical examination, conducted by a licensed physician, administered according to guidelines established by the County of Tulare in accordance with the provisions of Government Code sections 1031, 12940, 12940.1 and the Commission on Peace Officer Standard and Training.
3. Successful completion of all of the above will result in your employment.

County of Tulare

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CHIEF PROBATION OFFICER
CHRISTIE MYER

PROBATION DEPARTMENT AUTHORIZATION AND RELEASE

I, _____, having made an application for employment with the Tulare County Probation Department and desiring it to be informed as to my previous record and character, I hereby authorize any peace officer or other authorized representative of the Tulare County Probation Department bearing this release, or a copy of it, within two years of it's date, to obtain any information in your files pertaining to my employment, pre-employment, military, arrest, conviction, driving, financial or educational history, including but not limited to academic achievement, attendance, athletic performance, personal history, performance reports, background investigations, polygraph examination results, any and all internal affairs investigations and disciplinary records, child support records, public assistance records, alimony records, State and Federal income tax records.

I hereby release you, as the custodian of such records, and any state or federal law enforcement, criminal justice, social service or tax collection agency, school, college, university, or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including it's officers, employees, or other related personnel both individually and collectively from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with his authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me at the address provided with my signature.

Signature of Applicant

Date of Birth

Address

Social Security Number

Notary Consumer Disclosure Requirement (SB 1050) requires that: A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document..

State of California

County of _____

On _____ before me, _____,

personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public

NOTE TO EMPLOYERS: California Government Code Section 1031.1 specifies, in part, that:

When performing a background investigation for applicants not currently employed as peace officers, an employer shall disclose employment information relating to a current or former employee, upon the request of a law enforcement agency, if all of the following conditions are met: 1) The request is made in writing; 2) The request is accompanied by a notarized authorization by the applicant releasing the employer of liability; 3) The request and authorization are presented to the employer by a sworn officer or authorized representative of the employing law enforcement agency.

ADVISEMENT TO APPLICANTS

The overall purpose of the pre-employment background investigation is to verify that your application and any statements you have made to your prospective employer concerning your qualifications are true.

The California courts have held that an employer has a legal duty to know the persons whom it employs. In some cases, California law may mandate a background investigation before employment, while in other cases it is merely a case of public policy or prudence before placing someone in a position of public trust.

Both State and Federal courts have also held that there is an absolute necessity for public employees to be truthful. You must understand that a lack of truthfulness or deception of any type on your part will automatically and irrevocably result in your application being rejected from further consideration.

For some people, there may be one or more incidents or occurrences in their background which they regret or over which they may feel some embarrassment. A prospective employer will not make inquiries into areas of a person's background that have no legitimate bearing on their qualifications for the job. You should understand that the mere presence of so-called "negative" information in your background is not automatically disqualifying. For example, an applicant may have engaged in petty thievery as a child, used illegal drugs, been fired from a job or been convicted of a crime as an adult. While these things in and of themselves may not automatically remove that person from consideration for a job, lying about them will.

A pre-employment background investigation is not intended to be an intimidating experience or an unwarranted invasion into your privacy. Your background investigator will contact persons who know you, including present and/or former employers, and will examine official documents and records concerning you to assure that you have been honest in your application and to fulfill the legal mandates imposed by the courts and legislature. The more forthright you have been, the greater the likelihood that your background can be completed in a timely and successful manner.

CERTIFICATION

I understand that any false statement and/or deliberate misrepresentations, whether by omission or commission, will result in my application being automatically and irrevocably rejected from further consideration. I certify that I have read the above statement, understand its contents and have been furnished a copy of it.

Dated: _____ Signature: _____

**INFORMED CONSENT RELEASE AND HOLD HARMLESS FOR CONFIDENTIALITY
OF PRE-EMPLOYMENT BACKGROUND INVESTIGATION DATA**

I fully recognize that under California law, individuals must clearly demonstrate their personal, medical, and psychological fitness to serve in the position of a peace officer. I further recognize that an employing agency has both a legal and a moral obligation to make every reasonable effort to ensure that any person employed by them as a peace officer will conform to the very highest standards.

I understand that I am authorizing an intensive investigation into all aspects of my personal, medical, and psychological fitness, and that such investigation will include contacting persons and/or organizations who have information relating to my fitness, including if I am or have been a peace officer in California, information protected under sections 832.7 of the Penal Code and 1043 of the Evidence Code. I further understand that this background investigation includes a credit check and that negative credit information may be considered as part of this process. I understand that under the law I am entitled to a copy of the credit report. I also understand that those persons and/or organizations may feel inhibited, intimidated, or otherwise reticent about furnishing information concerning my fitness unless confidentiality of their information can be guaranteed on a permanent basis.

I further recognize that although some of the information contained in this report is a matter of public record, or would otherwise be accessible to me, this information will be inextricably interwoven with other confidential data to which I otherwise would not be privy. I have also been informed that because this background investigation is either mandated by law, responses from persons contacted, whether solicited or unsolicited, may enjoy absolute privilege under California Civil Code Section 47.

Therefore, I exonerate, release, and discharge both my prospective employer, their officers, agents, or assigns, from any claim or damages, whether in law or in equity, on behalf of myself, my heirs, agents, or assigns, for their refusal to make available any and all information contained in this pre-employment investigation declared confidential pursuant to law, including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied which might identify that person.

I have had adequate time to review this form, I understand its meaning and purpose and have been furnished a copy of it pursuant to California Labor Code Section 432.

Dated this _____ day of _____, 20____, in the County of Tulare, State of California. (This release is valid for 1 year from the date of signature).

Signature of Candidate

Signature of Witness

CREDIT ADVISEMENT

The U.S. Fair Credit Reporting Act (FCRA) of 1996 (15 U.S. Code 1681, Section 604(b) and California's Consumer Credit Agencies Act (Civil Code Section 1785.20.5) require that you be notified separately of your rights before any prospective employer may use credit data as part of an employment decision. In some cases, an evaluation of your financial history is mandated by law (California Code of Regulations Section 1002(a), POST Commission Procedure C-1, 1-5(j)), or by policy of your prospective employer.

You are hereby notified that your prospective employer intends to use credit data as **part** of its decision-making process for the position for which you have applied. The Credit Reporting Agency (CRA), which will furnish this data, will be Equifax located at P.O. Box 740241, Atlanta, GA 30374. Their telephone number is 1-800-685-1111. You will automatically be furnished a copy of this report, but before any adverse actions are taken as a result of this document, you are advised of the following:

1. Access to your file is limited to persons recognized by the FCRA;
2. Your consent is required for reports that are provided to employers or that contain medical information;
3. You can find out what is in your file, although some information, such as "risk sources" or "credit scores" may be lawfully withheld;
4. You have been informed of the name, address, and telephone number of the CRA which is furnishing this data;
5. You can dispute inaccurate information with the CRA;
6. Inaccurate information must be corrected or deleted;
7. Outdated information may not be reported (seven years for most information, ten years for bankruptcies);
8. You may choose to exclude your name from the CRA list for unsolicited credit and insurance offers;
9. You may seek damages from violators, and;
10. The complete text of this act may be found at www.ftc.gov.

CERTIFICATION: I certify that Tulare County Probation has my consent to obtain a copy of my credit report for the limited purpose of my pre-employment background investigation; that I have been furnished with the name, address, and telephone number of the CRA, I have been informed that I will receive a copy of my credit report and that I have been informed in summary form of my rights under the FCRA.

Dated: _____ Signed: _____

Instructions to the Applicant

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **California Peace Officer**, in accordance with POST Commission Regulation 1953.

- It is your responsibility to complete this form and provide all required information.
- If you are filling out a printed copy of this form, neatly print in blue or black ink.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
- If you need more space for any response, use the last page of this form (page 27) and identify the additional information by the question number.
- Send the completed form to your background investigator or the agency to which you are applying. Do NOT send the form to POST.

Disqualification

There are very few *automatic* bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, *deliberate misstatements or omissions* can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

BOTTOM LINE: You are responsible for providing complete, accurate, and truthful responses.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA), and the California Fair Employment and Housing Act, applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

I have read and I understand the above instructions.

Signature: _____

Date: _____

PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 02/2013)

SECTION 1: PERSONAL

1. YOUR FULL NAME				
LAST		FIRST	MIDDLE	
2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)				<input type="checkbox"/> N/A
3. ADDRESS WHERE YOU LIVE				
NUMBER / STREET			APT / UNIT	
CITY			STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)				
5. CONTACT NUMBERS				
HOME ()		WORK ()	EXT	OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAX
6. CONTACT EMAIL		7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)		
8. CITIZENSHIP				
Are you a U.S. citizen?				<input type="checkbox"/> Yes <input type="checkbox"/> No
IF NO, are you a resident alien who is eligible and has applied for U.S. citizenship?				<input type="checkbox"/> Yes <input type="checkbox"/> No
9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)				
10. BIRTHDATE (MM/DD/YYYY)	11. SOCIAL SECURITY NUMBER		12. DRIVER'S LICENSE	
	- -		NUMBER:	STATE: EXPIRES:
13. PHYSICAL DESCRIPTION				
HEIGHT:		WEIGHT:	HAIR COLOR:	EYE COLOR:

SECTION 2: RELATIVES AND REFERENCES

14. IMMEDIATE FAMILY					
<ul style="list-style-type: none">• Provide all applicable information in the spaces below.• Mark "N/A" if a category is not applicable.• Mark "Deceased," if appropriate.• If more space is needed, continue on page 27 – reference corresponding numbers.					
14.A Spouse / Registered Domestic Partner					<input type="checkbox"/> Deceased <input type="checkbox"/> N/A
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)		Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			
14.B Former Spouse / Former Registered Domestic Partner					<input type="checkbox"/> Deceased <input type="checkbox"/> N/A
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)		DATE OF DISSOLUTION / (MM/YYYY)	Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 2: RELATIVES AND REFERENCES *continued***14.C Parents / Guardians**

List ALL parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, in-laws, etc.

14.C.1 Parent / Guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____ <input type="checkbox"/> Deceased					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

14.C.2 Parent / Guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____ <input type="checkbox"/> Deceased					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

14.C.3 Parent / Guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____ <input type="checkbox"/> Deceased					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

14.C.4 Parent / Guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____ <input type="checkbox"/> Deceased					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

14.D Brothers / Sisters ☐ N/A

List ALL LIVING siblings, including half-siblings, step-siblings, foster-siblings, etc.

14.D.1 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other: _____					
NAME		AGE	HOME ADDRESS (NUMBER / STREET / APT)		CITY STATE ZIP
HOME PHONE ()			MAILING ADDRESS (IF DIFFERENT)		CITY STATE ZIP
WORK PHONE ()			CELL PHONE ()	EMAIL	

14.D.2 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other: _____					
NAME		AGE	HOME ADDRESS (NUMBER / STREET / APT)		CITY STATE ZIP
HOME PHONE ()			MAILING ADDRESS (IF DIFFERENT)		CITY STATE ZIP
WORK PHONE ()			CELL PHONE ()	EMAIL	

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 2: RELATIVES AND REFERENCES *continued***14.D.3 Sibling:** ☐ Brother ☐ Sister ☐ Half-brother ☐ Half-sister ☐ Other: _____

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

14.D.4 Sibling: ☐ Brother ☐ Sister ☐ Half-brother ☐ Half-sister ☐ Other: _____

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

14.E Children☐ N/A

List ALL LIVING children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent/guardian, if other than you.

14.E.1 Child: ☐ Son ☐ Daughter ☐ Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		

14.E.2 Child: ☐ Son ☐ Daughter ☐ Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		

14.E.3 Child: ☐ Son ☐ Daughter ☐ Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		

14.E.4 Child: ☐ Son ☐ Daughter ☐ Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 2: RELATIVES AND REFERENCES *continued***15. LIST OF REFERENCES**

- List 7 –10 people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. Do NOT include relatives, employers, housemates, or any individuals listed elsewhere.

15.1	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?			How long have you known this person?	
15.2	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?			How long have you known this person?	
15.3	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?			How long have you known this person?	
15.4	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?			How long have you known this person?	
15.5	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?			How long have you known this person?	
15.6	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?			How long have you known this person?	

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 2: RELATIVES AND REFERENCES *continued*

15.7	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?			How long have you known this person?	
15.8	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?			How long have you known this person?	
15.9	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?			How long have you known this person?	
15.10	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?			How long have you known this person?	

SECTION 3: EDUCATION

- NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims in Section 3.
- If more space is needed, continue your response on page 27.

16. CHECK APPLICABLE	MM/YYYY	MM/YYYY	MM/YYYY
<input type="checkbox"/> High School Diploma:	/	<input type="checkbox"/> GED:	/
<input type="checkbox"/> California High School Proficiency Certificate:	/		

17. LIST HIGH SCHOOL(S) ATTENDED			
17.1	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	CITY	STATE	
17.2	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	CITY	STATE	

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 3: EDUCATION *continued*

18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

18.1	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY
18.2	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY
18.3	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY
18.4	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY

19. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED

19.1	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
		/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CITY	STATE	TYPE OF SCHOOL OR TRAINING	
19.2	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
		/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CITY	STATE	TYPE OF SCHOOL OR TRAINING	

20. Have you ever taken a PC832 (Arrest and/or Firearms) Course? ☐ Yes ☐ No

IF YES, provide the following information:

A. COURSE PRESENTER NAME	LOCATION (CITY / STATE)
B. COURSE COMPLETION	COMPLETION DATE (MM/YYYY)
Did you successfully complete the course?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	/

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SECTION 3: EDUCATION *continued*

21. Have you ever attended a POST Basic Course/Academy: Regular, Specialized Investigators', Reserve, or Dispatcher? ☐ Yes ☐ No
 IF YES, provide the following information:

21.1	NAME OF ACADEMY		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
			/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
	LOCATION (CITY, STATE)		NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER ()
21.2	NAME OF ACADEMY		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
			/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
	LOCATION (CITY, STATE)		NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER ()

22. Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school(s), college/university, business, trade school, or POST basic course/academy? ☐ Yes ☐ No

IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school, educational institution, or POST basic course. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCE HISTORY**23. LIST OF RESIDENCES**

- List all residences during the last 10 years or since age 15.
- Provide **complete** addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt number). Do **NOT** use PO Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state, and zip code. Do **NOT** list military barracks mates unless you shared individual quarters.
- If more space is needed, continue your response on page 27.

23.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	Present
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER ()	
	CITY	STATE	ZIP	EMAIL	
	Name(s) of those with whom you live:				
23.2	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER ()	
	CITY	STATE	ZIP	EMAIL	
	Name(s) of those with whom you lived:				
	Reason for moving:				

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SECTION 4: RESIDENCE HISTORY *continued*

23.3	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER	
					()	
	CITY	STATE	ZIP	EMAIL		
Name(s) of those with whom you lived:						
Reason for moving:						
23.4	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER	
					()	
	CITY	STATE	ZIP	EMAIL		
Name(s) of those with whom you lived:						
Reason for moving:						
23.5	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER	
					()	
	CITY	STATE	ZIP	EMAIL		
Name(s) of those with whom you lived:						
Reason for moving:						

24. LIST OF HOUSEMATES						
<ul style="list-style-type: none"> • Provide contact information for all housemates listed in Question 23 with whom you have resided during the past 10 years or since age 15. • Do NOT list anyone for whom you have already provided contact information. • If more space is needed, continue your response on page 27. 						
24.1	NAME OF HOUSEMATE				CONTACT NUMBER	
					()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)			EMAIL		

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24.2	NAME OF HOUSEMATE		CONTACT NUMBER ()		
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL		
24.3	NAME OF HOUSEMATE		CONTACT NUMBER ()		
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL		
24.4	NAME OF HOUSEMATE		CONTACT NUMBER ()		
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL		
24.5	NAME OF HOUSEMATE		CONTACT NUMBER ()		
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL		
24.6	NAME OF HOUSEMATE		CONTACT NUMBER ()		
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL		
24.7	NAME OF HOUSEMATE		CONTACT NUMBER ()		
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL		

25. Have you ever been evicted or asked to leave a residence? ☐ Yes ☐ No

26. Have you ever left a residence owing rent, utilities, or other household expenses? ☐ Yes ☐ No

If you answered "YES" to Questions 25 and/or 26, explain (include when, where, and circumstances):

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SECTION 5: EXPERIENCE AND EMPLOYMENT**27. JOB EXPERIENCE**

- List ALL jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your most current.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List ALL periods of unemployment in **excess of 30 days**.
- If more space is needed, continue your response on page 27.

27.1	NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
	JOB TITLE / RANK			EMAIL	
	DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	NAMES OF CO-WORKERS 1) 2)			REASON FOR WANTING TO LEAVE	
Would there be a problem if we contact your current employer?..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
IF YES, explain:					

27.2	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

27.3	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
	JOB TITLE / RANK			EMAIL	
	DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	NAMES OF CO-WORKERS 1) 2)			REASON FOR LEAVING	

27.4	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

27.5	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				()	
JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

27.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____			/	/

27.7	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				()	
JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

27.8	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____			/	/

27.9	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				()	
JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

27.10	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____			/	/

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

27.11	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				()	
JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

27.12	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____			/	/

27.13	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				()	
JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

27.14	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____			/	/

27.15	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				()	
JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

27.16	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____			/	/

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

27.17	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
	JOB TITLE / RANK			EMAIL	
	DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

27.18	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

27.19	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
	JOB TITLE / RANK			EMAIL	
	DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

27.20	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

28.	Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29.	Have you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30.	Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.	Have you ever quit without giving notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.	Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33.	Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34.	Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35.	Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

36. Did you ever receive an unsatisfactory performance review? ☐ Yes ☐ No
37. Have you ever sold, released, or given away legally confidential information? ☐ Yes ☐ No
38. Have you ever called in sick when you were neither sick nor caring for a sick family member? ☐ Yes ☐ No
IF YES, how many sick days have you used in the past five years which were not due to illness? _____ Days

If you answered "YES" to any of Questions 28–38, explain (include when, where, and circumstances – *reference corresponding numbers*).

39. In the **past three years**, have you missed days or been late to work due to drug or alcohol consumption? ☐ Yes ☐ No
IF YES, how often? _____
40. Has your work performance ever been affected by your use of alcohol or drugs? ☐ Yes ☐ No
IF YES, when? _____ Name of employer: _____
41. In the **past three years**, have you been warned by an employer about your drinking or drug habits and their impact on your performance? ☐ Yes ☐ No
IF YES, when? _____ Name of employer: _____

42. Have you **ever** applied for **any** position at another law enforcement agency (city, county, state, or federal)? ☐ Yes ☐ No

- If you answered "YES" to Question 42, list **EVERY** agency you have applied to, starting with the most recent.
- Give complete and accurate addresses.
- All agencies **MUST** be listed regardless of the outcome or current status. Check all boxes that apply for each agency.
- If more space is needed, continue your response on page 27.

42.1	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)				BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
	POSITION APPLIED FOR			EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

42.2	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER		EXT
			()			
POSITION APPLIED FOR			EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						
42.3	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER		EXT
			()			
POSITION APPLIED FOR			EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						
42.4	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER		EXT
			()			
POSITION APPLIED FOR			EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						
42.5	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER		EXT
			()			
POSITION APPLIED FOR			EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

42.6	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
POSITION APPLIED FOR			EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						

42.7	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
POSITION APPLIED FOR			EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						

SECTION 6: MILITARY EXPERIENCE

43. Are you required to register for the Selective Service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, have you registered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF NO, explain: _____		

44. Have you ever served in the military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

45. If you answered "YES" to Question 44, include the following service information:		
BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/
TYPE OF DISCHARGE		
<input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable		
Re-entry Code (1–4) if applicable – refer to your DD-214: _____		

46. Are you currently participating in one of the following?	
<input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard IF CHECKED, date obligation ends (MM/DD/YY): _____	

47. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

48. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

49. Have you ever taken military property without permission for personal use, to sell, or to give away?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 02/2013)

SECTION 6: MILITARY EXPERIENCE *continued*

If you answered "YES" to any of Questions 47–49, explain (include dates and circumstances).

SECTION 7: FINANCIAL**50. INCOME AND EXPENSES**

- For each of the following questions (50A, B, C), fill in the amounts to the nearest dollar.
- For Question 50C: Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have.

A) From your employer(s), what is your take-home monthly income?..... \$ _____ per month

B) Do you have other sources of income? (IF YES, fill in amount and explain.) ☐ Yes ☐ No \$ _____ per month

Explain: _____

C) How much do you spend each month?..... \$ _____ per month

51. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? ☐ Yes ☐ No52. Have any of your bills ever been turned over to a collection agency? ☐ Yes ☐ No53. Have you ever had purchased goods repossessed? ☐ Yes ☐ No54. Have your wages ever been garnished? ☐ Yes ☐ No55. Have you ever been delinquent on income or other tax payments? ☐ Yes ☐ No56. Have you ever failed to file income tax or cheated/lied on an income tax form? ☐ Yes ☐ No57. Have you ever had an employment bond refused? ☐ Yes ☐ No58. Have you ever avoided paying any lawful debt by moving away? ☐ Yes ☐ No59. Have you ever defaulted on (failed to pay) a loan? ☐ Yes ☐ No60. Have you ever borrowed money to pay for a gambling debt? ☐ Yes ☐ NoIF YES, do you currently have any outstanding debts as a result of gambling? ☐ Yes ☐ No61. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? ☐ Yes ☐ No62. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? ☐ Yes ☐ No63. Have you written three or more bad checks in a one-year period? ☐ Yes ☐ NoIf you answered "YES" to any of Questions 51–63, explain (include when, where, and why – *reference corresponding numbers*).

PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 02/2013)

SECTION 8: LEGAL

► Disclosure of Arrests and Convictions

- This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. It is **strongly recommended** that you consult with an attorney before omitting any information.
- If more space is needed, continue your response on page 27.

64. Have you EVER been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)? ☐ Yes ☐ No

IF YES, explain each incident:

64.1	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	
DISPOSITION OR PENALTY			
64.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	
DISPOSITION OR PENALTY			
64.3	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	
DISPOSITION OR PENALTY			

65. Have you ever been placed on court probation? ☐ Yes ☐ No

66. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? ☐ Yes ☐ No

67. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? ☐ Yes ☐ No

68. Have the police ever been called to your home for any reason? ☐ Yes ☐ No

69. Have you or your spouse/partner ever been referred to Child Protective Services? ☐ Yes ☐ No

70. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? ☐ Yes ☐ No

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 8: LEGAL *continued*

71. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? ☐ Yes ☐ No
72. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? ☐ Yes ☐ No
73. Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance? ☐ Yes ☐ No
74. Have you ever filed a false insurance or workers' compensation claim? ☐ Yes ☐ No

If you answered "YES" to any of Questions 65–74, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*).

► Involvement in Criminal Acts – Part 1

75. Have you committed any of the following acts *within the past 10 years*? (You do NOT have to report any acts committed *prior to age 15*.)

- You **MUST** include any acts committed at any time after you were first employed in law enforcement, including as a Police Explorer/Police Cadet.
- NOTE:** You may **NOT** withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.

- | | | | |
|-------|--|------------------------------|-----------------------------|
| 75.1 | Animal abuse and/or neglect | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.2 | Annoying, obscene, or harassing contacts by telephone or other electronic communication device | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.3 | Battery (use of force or violence upon another) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.4 | Brandishing a weapon (any type of weapon) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.5 | Carrying a concealed weapon without a permit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.6 | Contributing to the delinquency of a minor | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.7 | Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.8 | Driving under the influence of alcohol and/or drugs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.9 | Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.10 | Filing a false police report | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.11 | Hit & run collision (no injuries) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.12 | Illegal gambling..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.13 | Illegal hunting and/or fishing (for example, without a license, out of season) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 02/2013)

SECTION 8: LEGAL *continued*

75.14	Impersonating a peace officer (pretending to be a police officer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.15	Indecent exposure and/or lewd or obscene conduct	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.16	Intentionally writing a bad check	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.17	Joyriding (using a car or other vehicle without owner's permission)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.19	Petty theft (value up to \$950, including shoplifting/switching price tags)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.20	Possession of alcohol as a minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.21	Possession of falsified or altered identification, including use of another person's ID (for any reason)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.24	Reckless driving	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.26	Trespassing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.28	Any other act amounting to a misdemeanor	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- If you answered "YES" to ANY of the item(s) in Question 75, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 75.5) for each explanation.*
- If more space is needed, continue your response on page 27.

► Involvement in Criminal Acts – Part 2

76. At any time in your life, have you **EVER** committed any of the following acts?

NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.

76.1	Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.3	Blackmail or extortion	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 8: LEGAL *continued*

76.4	Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.6	Elder abuse and/or neglect (physical and/or financial)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.7	Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.8	Felony drunk driving (involving injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.9	Forcible rape	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.10	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.11	Fraudulent use of a credit, ATM, debit, and/or check card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.12	Grand theft (value of over \$950, or any firearm)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.13	Hit & run (with injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.14	Hate crime	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.15	Illegal sex acts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.16	Insurance fraud	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.17	Murder, homicide, or attempted murder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.18	Perjury (lying under oath)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.19	Possession of an explosive/destructive device	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.20	Robbery (theft from another person using a weapon, force, or fear)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.21	Stalking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.22	Theft of a vehicle and/or vehicle parts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.23	Viewing and/or possessing child pornography	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.24	Any other act amounting to a felony	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- If you answered "YES" to ANY of the item(s) in Question 76, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 76.3) for each explanation.*
- If more space is needed, continue your response on page 27.

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 8: LEGAL *continued*

► Illegal Use of Drugs

- For the purpose of responding to the following questions, "illegal drugs" include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting "high."
- Your responses should include — **but not be limited to** — your use of any of the following:

- | | |
|--|---|
| ► Amphetamines / Methamphetamines (<i>Uppers, Speed, Crank, etc</i>) | ► Marijuana (<i>with or without a prescription</i>) |
| ► Barbiturates (<i>Downers</i>) | ► Mescaline |
| ► Cocaine / Crack Cocaine | ► Morphine |
| ► Designer Drugs (<i>Ecstasy, Synthetic Heroin, etc.</i>) | ► PCP / Angel Dust |
| ► GHB (<i>Date Rape Drug</i>) | ► Quaaludes |
| ► Hallucinogens (<i>Peyote, LSD, Mushrooms</i>) | ► Steroids |
| ► Hashish / Hashish Oil | ► Tetrahydrocannabinol (THC) |
| ► Heroin / Opium | ► Glue, paint, or any substance containing toluene |

77. **Within the past six months**, have you used any drug(s) as indicated above? ☐ Yes ☐ No

IF YES, give details including **drug(s) used, most recent date used, and circumstances:**

78. **Prior to the past six months:**

☐ I have **never** used any drug recreationally.

☐ I have tried or used one or more drugs, but only under **limited** circumstances (*for example, experimentation, at parties, concerts, special events, etc.*)

IF YOU CHECKED BOX 2, give details including **drug(s) used, most recent date used, and circumstances:**

79. Have you **EVER** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription:

☐ Sold ☐ Manufactured ☐ Purchased ☐ Furnished ☐ Cultivated ☐ Carried or Held for Another

IF ANY ITEM IS CHECKED, give details including **drug(s) involved, over what time period(s), and circumstances.**

80. During the **past five years**, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? ☐ Yes ☐ No

IF YES, explain:

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 9: MOTOR VEHICLE INFORMATION**81. Current Driver's License:**

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	NAME UNDER WHICH LICENSE WAS GRANTED
		/ /	

82. List other states where you have been licensed to operate a motor vehicle:

STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

83. Have you ever been refused a driver's license by any state? ☐ Yes ☐ No

IF YES, explain (include when, where, and circumstances):

.....

.....

.....

84. Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No

IF YES, explain (include when, where, and circumstances):

.....

.....

.....

85. List your current liability insurance on your vehicle(s).

85.1	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR (YYYY)	VEHICLE LICENSE	
	INSURANCE COMPANY		POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY) / /	
	ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP	CONTACT NUMBER ()
85.2	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR (YYYY)	VEHICLE LICENSE	
	INSURANCE COMPANY		POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY) / /	
	ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP	CONTACT NUMBER ()
85.3	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR (YYYY)	VEHICLE LICENSE	
	INSURANCE COMPANY		POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY) / /	
	ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP	CONTACT NUMBER ()

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 9: MOTOR VEHICLE OPERATION *continued*86. List all traffic citations, excluding parking citations, you have received *within the past seven years*.

86.1	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED Month: Year:	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
86.2	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED Month: Year:	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
86.3	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED Month: Year:	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

87. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following (check all that apply):

☐ Failed to Appear ☐ Failed to Complete Traffic School ☐ Failed to Pay the Required Fine

IF CHECKED, explain circumstances:

88. Have you been involved as the driver in a motor vehicle accident *within the past seven years*? ☐ Yes ☐ No

IF YES, give details below.

88.1	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY	STATE
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
88.2	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY	STATE
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
88.3	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY	STATE
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury

89. Have you ever driven a vehicle without auto insurance, as required by law? ☐ Yes ☐ No

IF YES, GIVE REASON	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

90. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? ☐ Yes ☐ No

IF YES, GIVE REASON	DATE (MM/YYYY)
	/

INSURANCE COMPANY

PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 02/2013)

SECTION 10: OTHER TOPICS

91. Have you ever been refused a permit to carry a concealed weapon?..... ☐ Yes ☐ No
92. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ☐ Yes ☐ No
93. Have you ever hit or physically overpowered a spouse or romantic partner? ☐ Yes ☐ No
94. *Since the age of 15*, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? ☐ Yes ☐ No
95. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ☐ Yes ☐ No

If you answered "YES" to any of Questions 91–95, give details including dates and circumstances – *reference corresponding numbers*).

SECTION 11: CERTIFICATION

96. I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature in Full: ►

Date:

Use the following page to continue any of your responses.
Be sure to reference corresponding numbers.

PERSONAL HISTORY STATEMENT – Peace Officer

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ADDITIONAL COMMENTS

- Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). *Reference the corresponding questions and/or specific items.*
- You may print copies of this page as needed. If you are filling in this page online, text will flow to additional pages automatically.